

Snorkeling only sign in

First Name		Last Name	
Home address			Hotel
			Room number
Email			Departure date DD/MM/YYYY

Emergency Contact information

Name		Relationship	
Phone number		Email address	

MEDICAL STATEMENT: For your safety, please tell us if there is anything we should know about regarding your health.

Diving /Snorkeling are exciting and demanding activities. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult a doctor before participating in daily diving, and should do so on a regular basis. You should be aware of the important safety rules regarding breathing and equalization while scuba diving and Snorkeling. Improper use of scuba and snorkeling equipment can result in serious injury.

Are you....

- Pregnant, or attempting to become pregnant
- Presently taking prescription medications (with the exception of birth control)
- Over 45 years of age and can answer YES to one or more of the following?
 - Currently smoke a pipe, cigars or cigarettes
 - Have a high cholesterol level
 - Have a family history of heart attack or stroke
 - Are currently receiving medical care
 - High blood pressure
 - Diabetes mellitus, even if controlled by diet alone

You have had in the past or currently have...

- Asthma, or wheezing with breathing, or wheezing with exercise - Frequent or severe attacks of hay fever or allergy
- Frequent colds, sinusitis or bronchitis - Any form of lung disease
- Pneumothorax (collapsed lung)
- Other chest disease or chest surgery
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)
- Epilepsy, seizures, convulsions or take medications to prevent them
- Recurring complicated migraine headaches or take medications to prevent them

- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)
- Dysentery or dehydration requiring medical intervention
- Any dive accidents or decompression sickness
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)
- Head injury or loss of consciousness in the past five years
- Recurrent back problems
- Back or spinal surgery
- Diabetes
- Back, arm or leg problems following surgery, injury or fracture
- High blood pressure or take medicine to control blood pressure
- Heart Disease
- Heart Attack
- Angina, heart surgery or blood vessel surgery
- Sinus surgery
- Ear disease or surgery, hearing loss or problems with balance
- Recurrent ear problems
- Bleeding or other blood disorders
- Hernia
- Ulcers or ulcer surgery
- A colostomy or ileostomy
- Recreational drug use or treatment for, or alcoholism in the past five years

I hereby confirm that I _____ have read through the various medical conditions listed above and to the best of my knowledge do not have a current or previous medical condition such as these that may affect my diving. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition. I hereby confirm I am fit to dive or fit to snorkel.

_____ Signature _____ Date _____ Signature of Parent or Guardian _____ Date

----- **Hamanasi staff only** -----

Checked in by _____

Mask/snk	Fins	W/s

BOAT TRAVEL AND SNORKELING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including Hamanasi resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Hamanasi resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

Please read carefully and fill in all blanks before signing.

I, _____ hereby affirm that I am aware that skin diving has inherent risks which may result in serious injury or death.

I understand and agree that neither my guide(s)/instructor(s), nor the facility through which this program is offered, **Hamanasi resort**, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active. In consideration of being allowed to participate in this program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program. I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program. I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicative to my participation in the program. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting, or a history of heart condition (e.g., cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY GUIDE(S)/INSTRUCTOR(S), THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, Hamanasi resort, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature

_____/_____/_____
Date (Day/Month/Year)

Signature
of Parent or Guardian (where applicable)

_____/_____/_____
Date (Day/Month/Year)